

Policy Brief

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Gender in public health research: overcoming resistance and leveraging opportunities

There are significant gender inequalities in public health. To address these inequalities, it is crucial that gender is taken into account routinely in public health research. A synthesis exercise examined four public health research projects from six low- and middle-income countries to identify challenges researchers face in integrating gender aspects in study design, analysis and write-up. Resistances and opportunities to integrate gender in research are presented, together with experiences and learnings.

Photo: Focus group discussion with women about the health impacts induced by industrial mining projects in Tanzania. © Andrea Leuenberger.

KEY MESSAGES

- Gender plays a critical role in exposure to health risk factors, care-seeking behaviour, and access to treatment.
- Gender inequalities may be compounded by other forms of exclusion and power imbalances.
- Given this strong influence of gender, public health research needs to integrate gender considerations from the outset.
- Many public health researchers are not gender experts and need support to apply a gender lens.
- While not good practice, a gender dimension can still be added to studies post-hoc.



Ultrasonography examination in a rural village in Savannakhet province, southern Lao PDR, to assess potential liver pathology associated with *Opisthorchis viverrini* infections.
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The four research projects involved in this synthesis exercise were carried out in Ghana, Tanzania, Lao People's Democratic Republic (Lao PDR), Burkina Faso, Mozambique and Guatemala. In the global gender gap index, these are all countries facing considerable gender-related inequalities (see Figure 1). Focusing on the country contexts of Lao PDR, Tanzania, Ghana and Guatemala, a retrospective reflection on these four projects (see links on page 4) resulted in the identification of three areas where gender considerations are particularly important. They can be found in the research design, in research processes, and in attitudes that can create both resistances and opportunities. Below we examine these in order to provide guidance for researchers on integrating gender considerations in their public health studies.

Research design

Including gender in the conceptualization and design of a study is a crucial first step. This involves reviewing the literature with a gender lens and collecting gender disaggregated data as a minimum. The gender composition of the study team and women's position in project-related decision-making should also be taken into account. Despite the fact that some research grant applications and ethics boards request that applicants anticipate gender issues in their study, review processes can remain quite weak and poor initial integration of gender can go unremarked.

This first case study, based in Lao PDR, aimed at assessing the prevalence of different liver pathologies associated with *Opisthorchis viverrini* infections in adults. The research protocol did not explicitly include any reference to gender. However, data was collected and during analysis it became apparent that gender played an important role in explaining the differences in prevalence between men and women. For example, food preparation and cooking are classically the women's domain in this context, and this was found to influence exposure and, consequently, infection rates.

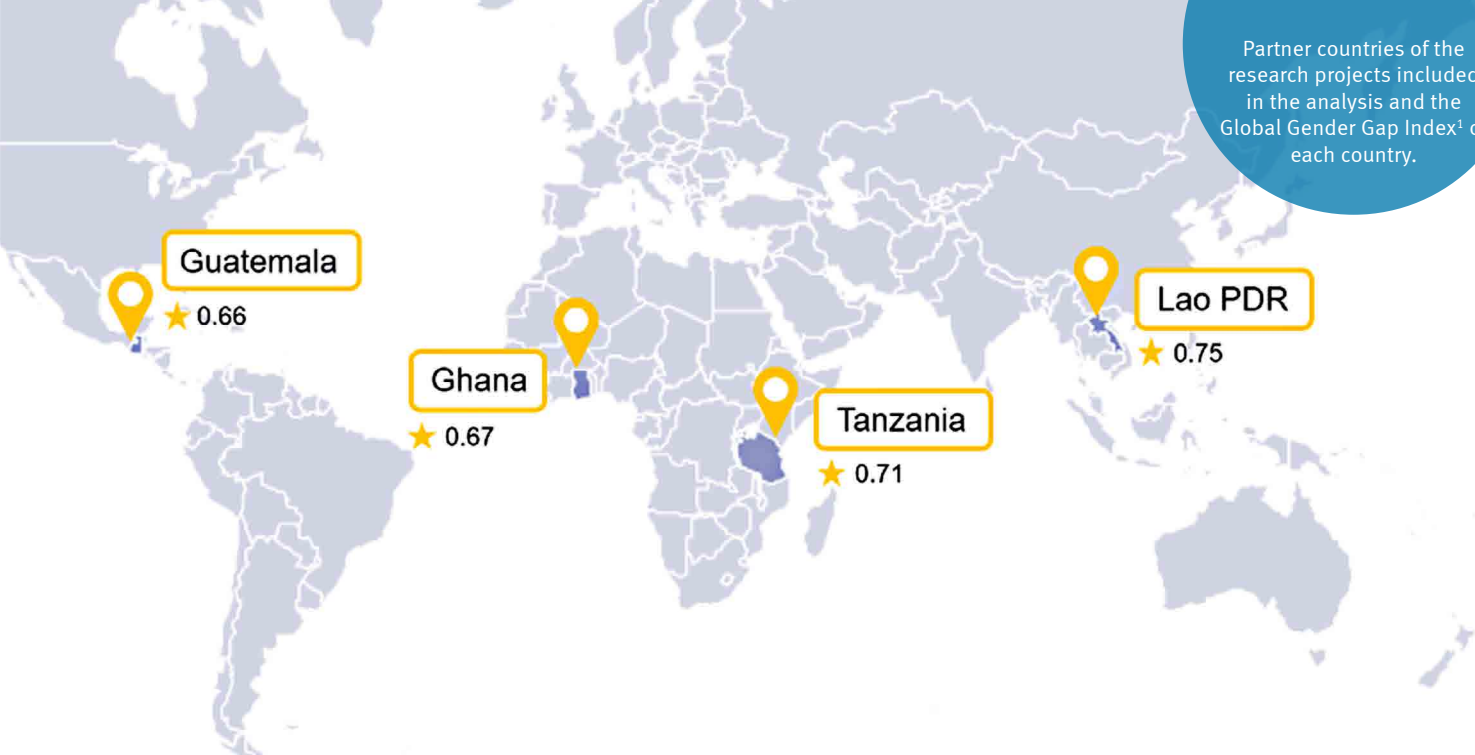
Research process

After reviewing the available literature for the presence of gender analyses and interpretation of gender-related differ-

ences, every public health research project should plan sample size and data collection to allow for gender stratified analysis. The next step is to keep the analysis disaggregated during the data analysis as part of the research process. The two case studies presented below are from research projects that, while they did not have a main focus on gender, integrated a gender dimension into the design and methodology at some point before or during the project implementation.

The second case study focused on social health protection through universal health coverage in Tanzania. Tanzania demonstrates a high gender inequality gap when it comes to taking decisions to seek health care and gaining access to quality health services. The original protocol of this study did not include any mention of gender and did not explore how the health needs of men and women were integrated in the health financing strategy, or how the social health protection schemes in Tanzania have been designed to address those needs. However, once the study got underway, the high importance of gender in all these questions became apparent and the researchers retrospectively integrated gender into their study tools. Although it is "better late than never", adding the gender dimension retrospectively will never be as good as adding it at the very start of the project design. For example, one cannot adjust sample size post-hoc.

The third case study aimed at exploring the perception of local communities about health impacts of large natural resource extraction projects through focus group discussions in Ghana and Tanzania. The research team was composed of a mix of women and men which helped to ensure that both female and male community members participated. Usually, the issue of gender is not automatically included unless there is a person on the research team who is sensitized to this issue. The study team planned focus group discussions for women and men separately to enable participants to express their opinions openly. Moreover, they allowed for some flexibility to adapt the study to examine gender-related issues that arose during the data collection. For example, the project's original plan was to interview community leaders, health sector leaders and leaders of natural resource extraction projects individually.



However, it was soon apparent that less than 20% of people in these positions were women, and that there were underlying, further issues related to power, educational level, age, marital status, and work burdens in the home. The study design was adapted to make sure that women's voices were sufficiently included. A disaggregated gender analysis was carried out and validated in gender-specific groups to better understand the complex gender and other dynamics at play.

Attitudes, creating resistances and opportunities

Researchers and public health scientists are not necessarily gender experts and may not be aware of the importance of integrating a gender lens in public health projects. Furthermore, there seems to be an attitudinal challenge related to gender and public health, particularly in scientific communities where the significance of this issue is still not well understood. The following case study illustrates some of these resistances along with the opportunities identified in the course of this synthesis exercise.

The fourth case study aimed at understanding the burden of brucellosis and leptospirosis, two bacterial diseases that can be transmitted between animals and humans, in a remote area of Guatemala where Mayan communities live. Originally, the research protocol did not take gender differences into account. However, as the project got underway, the researchers realised their shortcoming as hardly any women were present among the community representatives and Council of Elders, representing the two main groups of informants. As a consequence, the research team changed their approach and implemented a deep ethnography with local families to better understand the roles of women and men in Mayan society and health-related issues. These allowed the study team to make the project more inclusive, involving women and making sure their

voices were heard. This was done by, for example, addressing the barrier of language (since many women did not speak English or Spanish, only the indigenous Q'eqchi), providing stipends to cover women's travel costs to attend meetings, allowing women to bring their children to the meetings and by requesting community representatives to include at least 25% of women in all meetings. Researchers were confronted with some resistance to this change but reflexive exercises were held to show both men and women that complementing views produced more robust results and interventions. As a result, both the community as well as the research team came to understand the benefits of such an approach.

INTEGRATING GENDER IN PUBLIC HEALTH RESEARCH – ESSENTIAL QUESTIONS TOWARDS STATE OF THE ART:

- Have you looked at the literature? Does it already give insights that there can be gender differences related to your topic that could benefit from further research?
- Where does the country where you will conduct the research stand on the Global Gender Index? Have you considered potential interactions between gender and other possible points of marginalisation like disabilities, ethnicity, socio-economic status, amongst others?
- How do you plan to ensure a gender balance across hierarchies in your research team, both internationally and in the countries involved?
- How do you plan to collect data? Do the data collection teams include women and men? Are there any risks to the involvement of women or men (e.g. collecting data in remote areas)? Do you need to take steps to safeguard their involvement?
- Do you plan to collect data specifically related to gender?
- How will you take gender disaggregated data into account during the data analysis? Will both women and men be involved in the validation process?
- How do you intend to write up your planned approach to gender aspects and to make sure including them in your research protocol?
- Did you miss gender integration in the design step of your public health research project? Or did you find the reviewers' feedback about how you integrated gender in your research uninspiring? You might want to seek advice from a gender expert.

¹ The [Global Gender Gap Index](#) examines the gap between men and women across four fundamental categories: economic participation and opportunity, educational attainment, health and survival, and political empowerment.

A father enrolls his family in a community health insurance scheme in Tanzania. Enrolment for female-headed households was not always straightforward due to a mix of socio-economic and cultural constraints.

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References

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LINKS TO PROJECTS ANALYSED

Health systems governance for an inclusive and sustainable social health protection in Ghana and Tanzania:

<http://www.r4d.ch/modules/public-health/health-systems-governance>

Health impact assessment for engaging natural resource extraction projects in sustainable development in producer regions (HIA4SD):

<http://www.r4d.ch/modules/public-health/health-impact-assessment>

Surveillance and response to zoonotic diseases in Maya communities of Guatemala: A case for One Health:

<http://www.r4d.ch/modules/thematically-open-research/one-health-in-guatemala>

Early detection of liver fluke:

<http://www.r4d.ch/modules/thematically-open-research/early-detection-of-liver-fluke>

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